

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

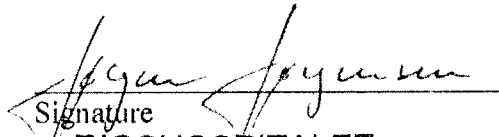
REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY
AND CHANGE OF CORRESPONDENCE ADDRESS

I hereby revoke all previous powers of attorney given in the applications/patents identified below and appoint the practitioners associated with the Customer Number **25570** to act on my behalf for each of the identified applications and/or patents.

1	U.S. Patent Application No. 10/529,479 filed on 28-Mar-2005 Docket ref: 59866.04	2	U.S. Patent Application No. 10/470,658 filed on 28-Mar-2005 Docket ref: 59866.05
---	--	---	--

Please change the correspondence address for each of the above identified applications and/or patents for all purposes, including the fee address, to the address associated with Customer Number **25570**.

I am the Assignee of record of the entire interest. A Statement under 37 C.F.R. 3.73(b) is enclosed. The undersigned is authorized to act on behalf of the assignee.


Signature
RIGSHOSPITALET
Direktionen 5222
Blegdamsvej 9
2100 København Ø

Aug. 19, 2008
Date

RIGSHOSPITALET
Name and title of the representative CEO

Signature

Date

HVIDOVRE HOSPITAL
Name and title of the representative _____

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY
AND CHANGE OF CORRESPONDENCE ADDRESS

I hereby revoke all previous powers of attorney given in the applications/patents identified below and appoint the practitioners associated with the Customer Number **25570** to act on my behalf for each of the identified applications and/or patents.

1	U.S. Patent Application No. 10/529,479 filed on 28-Mar-2005 Docket ref: 59866.04	2	U.S. Patent Application No. 10/470,658 filed on 28-Mar-2005 Docket ref: 59866.05
---	--	---	--

Please change the correspondence address for each of the above identified applications and/or patents for all purposes, including the fee address, to the address associated with Customer Number **25570**.


I am the Assignee of record of the entire interest. A Statement under 37 C.F.R. 3.73(b) is enclosed. The undersigned is authorized to act on behalf of the assignee.

Signature

Date

RIGSHOSPITALET

Name and title of the representative _____


Signature

20.8.08
Date

JORDEN STENIOT, CEO

HVIDOVRE HOSPITAL

Name and title of the representative _____